



**Retroactive Medicaid / Retroactive Rate Changes  
System Documentation**  
Non-browser, Instructions  
EDS - Project Number NCH00046 & NCH00024

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Information Technology Section  
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**APS Manual 1023**

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## 1. INTRODUCTION

This project is to develop an Integrated Payment and Reporting System (IPRS) for the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse services (DMH/DD/SA). The Division will use the IPRS to process, track, pay, and report on all claims submitted by providers for services rendered to its constituent population. Billing providers will submit a single claim to the State, and the division's IPRS will pay the claim from the appropriate funding sources, including Medicaid, "Pioneer", Thomas S., Willie M., Special Populations, Mental Retarded (MR)/ Mentally Incapacitated (MI) and capitated risk contracts. The system is designed to provide the Division, Local Managing Area (LMA)s, and area programs with "seamless integration" of DMH and Division of Medical Assistance (DMA) client, provider, prior authorization and claims data for eligibility lookup and claims filing processing and payment.

DMH/DD/SA services respond to the mental health, developmental disability and substance abuse needs of the people of North Carolina with a variety of programs and services. This division is responsible for administering Federal and State funds designated for DMH/DD/SA services, operating the State institutions, ensuring area programs meet funding requirements for Federal and State aid, and administering State standards for facility operations and licensing.

DMH/DD/SA currently uses several different systems for the reimbursement of services provided to clients. The Unit Cost Reimbursement (UCR) systems are maintained by the State and reside on an International Business Machine (IBM) mainframe. These systems are not integrated, and there is no central system for storing client eligibility information. IPRS replaces the existing UCR system with one integrated system for processing all MH/DD/SA claims. This provides DMH/DD/SA with a significantly enhanced system, which includes increased flexibility to implement unique policy and payment strategies for MH/DD/SA patients in a timely and cost efficient manner. In addition, it reduces the amount of State funds required to maintain multiple claims processing systems, establishes a central repository of recipient data, allows the State to more closely monitor service delivery, eliminates potential over-billing, simplifies claim filing practices, and reduces claims payment cycle time.



## 2. SCOPE

This project is to develop an Integrated Payment and Reporting System (IPRS) for the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SA). The IPRS will be used by DMH/DD/SA to process, track, pay, and report on all claims submitted by providers for services rendered to its constituent population. Billing providers will submit a single claim to the State, and the Division's Integrated Payment and Reporting System will pay the claim from the appropriate funding sources, including Medicaid, "Pioneer", At Risk Children (ARC), Mental Retardation Mental Illness (MRMI), and capitated risk contracts. The system will be designed to provide the division and area programs with "seamless integration" of DMH/DD/SA and DMA client, provider, prior authorization and claims data for eligibility lookup, claims filing processing, and payment.

The retroactive Medicaid work packet defines a process to address IPRS paid claims for clients that become retroactively eligible for Medicaid. As a result of this Medicaid eligibility claims will be reprocessed through Medicaid. Once Medicaid pays the LMA or the billing provider for the retroactive claim, a system adjustment in IPRS will be submitted to recoup the entire original paid amount from the LMA or billing provider. All funds collected due to retroactive Medicaid will be assigned back to the appropriate accounts.

The retroactive Medicaid work package of the Integrated Payment and Reporting system will address the identification and submission of claims that may be eligible for retroactive Medicaid payment. Retroactive Medicaid eligibility must be confirmed against the Medicaid eligibility file. Once retroactive eligibility has been confirmed, a new day claim will be created for submission to Medicaid. Submission does not guarantee payment. Multi-detail claims will be reported and will not have Medicaid claims generated.

Each claim will process through the router to determine if the claim will route to Medicaid as the financial payer. This does not guarantee payment of the claim once processed through the Medicaid cycle.

This document also addresses the adjustment files for retroactive rate changes. The IPRS rate change process initiates retroactive rate change adjustments. When a retroactive rate change occurs and the retroactive rate-change adjustment indicator is set to "Yes."



### 3. ACRONYMS AND TERMS/ABBREVIATIONS

This section covers acronyms, terms, and abbreviations used throughout this document and within the table-driven edit process. Unique terms and abbreviations are explained within their respective section in this document. Most code and/or field elements are not explained or covered in this section, but are covered in their respective field definition section.

#### *Acronyms*

Acronym	Definition
ARC	At Risk Children
DD	Developmental Disabilities
DMA	Division of Medical Assistance
DMH	Division of Mental Health
EOB	Explanation Of Benefits
EOB	Explanation Of Benefits
FDOS	From Date Of Service
ICN	Internal Control Number
IPRS	Integrated Payment and Reporting System
LMA	Local Managing Area
MID	Medicaid Identification (number)
MR	Mental Retarded
MRMI	Mental Retardation Mental Illness
SA	Substance Abuse
TDOS	To Date Of Service

#### *Terms/Abbreviations*

Term/Abbreviation	Definition



## 4. RETROACTIVE MEDICAID NON-BROWSER COPYBOOKS, FUNCTIONS, AND INTERFACE (MAINFRAME)

These are the “behind-the-scene” SE workings.

### 4.1 Components (Copybook Descriptions)

#### *Built Data Definition Files*

File Number	Copybook	Description
1.	HMPYTLO1	Time Limit Override file
2.	IPKY8031	IPRS Retroactive Medicaid Claim Cross-Ref file
3.	IPKY8041	IPRS Retroactive Medicaid Paid Claim Report file
4.	IPKY8042	IPRS Retroactive Medicaid Denied Claim report File

#### 4.1.1 Time Limit Override File

##### 4.1.1.1 Copybook HMPYTLO1

Purpose: Outside of the normal filing time limits.

Database Type: VSAM/IAM

Source: The file is populated via an online screen.

#### File Layout:

```
ITMEHK      05  TLO-KEY.                                00050210
              10  TLO-MID                               PIC X(10).    00050210
ITMEHK      10  TLO-FIN-PAYER                         PIC X(05).    00050210
ITMEHK      05  TLO-ENROLL-SOURCE-PAYER               PIC X(05).    00050311
              05  TLO-LAST-UPDATED                         PIC S9(09)    00050311
                                         PACKED-DECIMAL. 00050411
              05  TLO-SEG-CNTR                            PIC S9(09)    00050510
              05  TLO-DETAIL-SEGMENTS.                     OCCURS 13 TIMES 00050610
              10  TLO-DETAIL                           INDEXED BY TLO-INDX. 00050710
                                         PIC S9(09)    00050911
              20  TLO-FROM-DATE                          PIC S9(09)    00051000
Y2K** * FORMAT YYYYMMDD FOUND IN PGM HMOPTL0R
                                         PACKED-DECIMAL. 00051011
              20  TLO-TO-DATE                           PIC S9(09)    00051111
Y2K** * FORMAT YYYYMMDD FOUND IN PGM HMOPTL0R
                                         PACKED-DECIMAL. 00051300
              20  TLO-FILE-BY-DATE                         PIC S9(09)    00051211
Y2K** * FORMAT YYYYMMDD FOUND IN PGM HMOPTL0R
                                         PACKED-DECIMAL. 00052011
                                         PIC S9(09)    00052100
                                         PACKED-DECIMAL. 00053011
```



ITMEHK 05 FILLER

PIC X(40).

00060011  
00070010

\*\*\*\*\*END OF HMPYTLO1\*\*\*\*\*00250710

#### 4.1.1.2 Data Element Definitions

Data Definition File – Time Limit Override File – HMPYTLO1		
Data Element/Structure	Definition/Explanation	Comments
TLO-KEY	The time limit override key consist of the Medicaid Identification (MID) number and financial payer.	System Assigned
TLO-ENROLL-SOURCE-PAYER	The source payer of the eligibility data.	System Assigned.
TLO-SEG-CNTR	Number of eligibility segments for the financial payer Medicaid Identification (MID) number record.	System Assigned
TLO-DETAIL-SEGMENTS	Detail eligibility segments.	System Assigned and occurs 13 times

#### 4.1.2 Retroactive Medicaid Claim Cross-reference File

##### 4.1.2.1 Copybook IPKY8031

Purpose: This file will be used to track claims that have been processed for retroactive Medicaid and the creation of adjustments.

Database Type: VSAM

Source: The retroactive Medicaid claim formatter module (IPKP8031) creates this file.

##### File Layout:

```
01 (PREF) IPRS-RETRO-CLAIM-XREF-REC
  05 (PREF) CROSS-XREF-KEY.
    10 (PREF) RETRO-FIN-PAYER          PIC X(5)
    10 (PREF) RETRO-ICN               PIC X(15)
  05 (PREF) RETRO-XREF-ICN          PIC X(15)
  05 (PREF) RETRO-XREF-BENE-ID     PIC X(10)
  05 (PREF) RETRO-EOB-CODE          PIC X(4)
  05 (PREF) RETRO-IPRS-PAID-AMT    PIC S9(07)V99
```



#### 4.1.2.2 Data Element Definitions

Data Definition File – IPRS Retroactive Medicaid Claim Cross-Ref File – IPKY8031		
Data Element/Structure	Definition/Explanation	Comments
RETRO-FIN-PAYER	Financial payer.	System assigned
RETRO-ICN	New Retroactive Medicaid Internal Control Number (ICN).	System assigned
RETRO-XREF-ICN	Original claim ICN.	System assigned
RETRO-XREF-BENE-MID	Original claim Medicaid Identification (MID) number.	System assigned
RETRO-EOB-CODE	Single detail major Explanation Of Benefits (EOB) code.	System assigned
RETRO-IPRS-PAID-AMT	IPRS paid amount for the claim	System assigned

#### 4.1.3 Retroactive Medicaid Paid Claims Report File

##### 4.1.3.1 Copybook IPKY8041

Purpose: This file will be used to generate the retroactive Medicaid paid claims report.

Database Type: Sequential

Source: The retroactive Medicaid extract module IPKY804N

##### File Layout:

```
*****  
* IPRS PAID CLAIMS REPORT FILE * 00010000  
* * 00020000  
* * 00030000  
* * 00040000  
***** 00050000  
* MODIFICATION LOG * 00060000  
* * 00070000  
* CSR # DATE SE DESCRIPTION * 00080000  
* ----- * 00090000  
* * 00100000  
* * 00110000  
* * 00120000  
***** 00130000  
*01 (PREF) IPRS-PAID-CLAIM-REC. 00140000  
05 (PREF) BENE-MID PIC X(10). 00151000  
05 (PREF) XREF-ICN PIC X(15). 00151100  
05 (PREF) IPRS-ICN PIC X(15). 00151200  
05 (PREF) BILL-PROVNUM PIC X(13). 00151301  
05 (PREF) HDR-FDOS PIC S9(09) COMP-3. 00151401  
05 (PREF) HDR-TDOS PIC S9(09) COMP-3. 00151501
```



05 (PREF) MCAID-PAID-AMT	PIC S9(7)V99 COMP-3.	00151600
05 (PREF) IPRS-PAID-AMT	PIC S9(7)V99 COMP-3.	00151700

#### 4.1.3.2 Data Element Definitions

Data Definition File – IPRS Retroactive Medicaid Paid Claim Report File – IPKY8041		
Data Element/Structure	Definition/Explanation	Comments
BENE-MID	Recipient Medicaid Identification (MID) number.	System assigned
XREF-ICN	Medicaid Claim Internal Control Number (ICN).	System assigned
IPRS-ICN	IPRS Claim Internal Control Number (ICN).	System assigned
BILL-PROVNUM	Billing provider number	System assigned
HDR-FDOS	Header From Date Of Service (FDOS).	System assigned
HDR-TDOS	Header To Date Of Service (TDOS).	System assigned
MCAID-PAID-AMT	The amount Medicaid paid on the retroactive Medicaid claim.	System assigned
IPRS-PAID-AMT	The amount IPRS originally paid on the claim.	System assigned

#### 4.1.4 Retroactive Medicaid Denied Claim Report File

##### 4.1.4.1 Copybook IPKY8042

Purpose: This file will be used to generate the retroactive Medicaid denied EOB claims report.

Database Type: Sequential

Source: The retroactive Medicaid extract module IPKY804N

##### File Layout:

```
* IPRS DENIED CLAIMS REPORT FILE                                * 00020000
*                                                               * 00030000
*                                                               * 00040000
*****                                                       ***** 00050000
*                                                               * 00060000
*                                                               * 00070000
*   CSR #      DATE     SE          DESCRIPTION      *
*   -----      -----   -----      * 00080000
*                                                               * 00090000
*                                                               * 00100000
*                                                               * 00110000
*                                                               * 00120000
```



```
*****  
*01 (PREF) IPRS-DENIED-CLAIM-REC. 00130000  
    05 (PREF) CLAIM-TYPE          PIC X(1). 00140000  
    05 (PREF) CLAIM-EOB           PIC X(04). 00150001  
    05 (PREF) CLAIM-COUNT        PIC 9(9). 00151001  
                                         00151101
```

#### 4.1.4.2 Data Element Definitions

Data Definition File – IPRS Retroactive Medicaid Denied Claim Report File – IPKY8042		
Data Element/Structure	Definition/Explanation	Comments
CLAIM-TYPE	The type of claim processed.	System assigned
CLAIM-EOB	Claim Explanation Of Benefits (EOB).	System assigned
CLAIM-COUNT	The number of claims with this specific Explanation Of Benefits (EOB).	System assigned



## 5. RETROACTIVE RATE CHANGE NON-BROWSER COPYBOOKS, FUNCTIONS, AND INTERFACE (MAINFRAME)

These are the “behind-the-scene” SE workings.

### 5.1 Components (Copybook Descriptions)

#### *Built Data Definition Files*

File Number	Copybook	Description
1.	IPPY2304	Retro Adjustment Extract file
2.	IPDY0601	Retro Rate Change Forecast Report file

#### 5.1.1 Retro Adjustment Extract File

##### 5.1.1.1 Copybook IPPY2304

Purpose:

The IPRS rate change process will create this file whenever retroactive rate changes are processed with the retroactive rate change adjustment indicator set to “Y.” The file will contain the criteria to be used for identifying claims to be adjusted for a retroactive rate change.

Database Type:

QSAM file.

Key information:

Financial payer  
Billing provider  
Population group  
Procedure code  
Attending provider  
Client ID#  
Start date  
End date

Source:

The IPRS rate change process will build this record from data in the IPRS Rate file.

Copy Book List:

IPPY2403

**File Layout:**

```
*****  
*          IPRS      RETRO-EXTRACT     FILE      LAYOUT      *  
*  
*  
*****  
*                      MODIFICATION LOG      *  
*  
*      CSR #       DATE     SE           DESCRIPTION      *  
*-----  
*  NCH00022    08/00   M KARMALKAR  CREATED LAYOUT      *  
*  
*  
*****  
*01 (PREF)IPRS-REX-REC.  
05 (PREF)REC-KEY.  
    10 (PREF)FIN-PAYER      PIC X(05).  
    10 (PREF)BILL-PROV      PIC X(13).  
    10 (PREF)POP-GROUP      PIC X(05).  
    10 (PREF)PROC-CD        PIC X(05).  
    10 (PREF)ATT-PROV       PIC X(13).  
    10 (PREF)CLIENT-ID      PIC X(10).  
    10 (PREF)START-DT       PIC S9(09) COMP-3.  
    10 (PREF)END-DT         PIC S9(09) COMP-3.  
05 (PREF)OLD-RATE         PIC S9(06)V99 COMP-3.  
05 (PREF)NEW-RATE         PIC S9(06)V99 COMP-3.  
05 FILER                  PIC X(09).  
*****END OF  
HMPYTLO1*****00250710
```

### 5.1.1.2 Data Element Definitions

Data Definition File – Retro Adjustment Extract File – IPPY2304		
Data Element/Structure	Definition/Explanation	Comments
REX-FIN-PAYER	Financial payer.	System assigned
REX-BILL-PROVNUM	Billing provider number.	System assigned
REX-POP-GRP	Population group.	System assigned
REX-PROC-CD	Procedure code.	System assigned
REX-ATTN-PROVNUM	Attending provider number.	System assigned
REX-CLIENT-ID	Medicaid ID for the client.	System assigned
REX-START-DATE	Start date for selecting claims for adjustment.	System assigned
REX-END-DATE	End date for selecting claims for adjustment.	System assigned
REX-OLD-RATE	The old rate at which claims to be adjusted, were priced.	System assigned
REX-NEW-RATE	The new rate to be applied to the claims to be adjusted.	System assigned



## 5.1.2 Retro Rate Change Forecast Report File

### 5.1.2.1 Copybook IPDY0601

Purpose: IPDP060N will place IPRS Rate data and Adjustments Claims History extract data into this file for use in producing the Retro Rate Change Forecast Report.

Database Type: QSAM file.

Key information: None

Source: IPDP060N

Copy Book List: IPDY0601

#### File Layout:

```
*****
*          IPDY0601
*          Retro Rate Change Forecast Report file
*
*          DEVELOPED FOR IPRS PROJECT      AUGUST 2000
*
*
*
*
*          M O D I F I C A T I O N      L O G
*
*          CSR#        DATE        SE        DESCRIPTION
*          -----      -----      -----
*
*          NCH00019 08/01/2000    E. DAVIS      CREATED COPYBOOK
*
*
*****
03  (PREF) FIN-PAYER          PIC X(05).
03  (PREF) POP-GROUP          PIC X(05).
03  (PREF) BILL-PROV          PIC X(13).
03  (PREF) ATT-PROV          PIC X(13).
03  (PREF) CLIENT-ID          PIC X(10).
03  (PREF) PROC-CD            PIC X(05).
03  (PREF) BEGIN-DT           PIC 9(08).
03  (PREF) END-DT             PIC 9(08).
03  (PREF) OLD-RATE            PIC 9(6)V99.
03  (PREF) NEW-RATE            PIC 9(6)V99.
03  (PREF) NEW-AMT             PIC 9(9)V99.
03  (PREF) BUDGET-CODE OCCUR 8 TIMES
05  (PREF) BUDGET-COMPANY      PIC X(04).
05  (PREF) BUDGET-ACCOUNT      PIC X(14).
05  (PREF) BUDGET-CENTER       PIC X(12).
05  (PREF) BUDGET-ORIG-AMT      PIC S9(9)V99.
05  (PREF) BUDGET-NET-AMT      PIC S9(9)V99.
```



### 5.1.2.2 Data Element Definitions

Data Definition File – Retro Rate Change Forecast Report File – IPDY0601		
Data Element/Structure	Definition/Explanation	Comments
FIN-PAYER	Financial payer (e.g., Medicaid (DMA), or DMH/DD/SAS.)	System Assigned
POP-GROUP	The Population Group Payer (PGP) from the claim detail.	System Assigned
BILL-PROV	Billing Provider. The agency that bills IPRS.	System Assigned
ATT-PROV	Attending Provider. The agency that actually performs the service.	System Assigned
CLIENT-ID	The client's (patient's) IPRS identification number.	System Assigned
PROC-CD	Procedure Code. A code that identifies a specific procedure performed.	System Assigned
BEGIN-DT	The earliest date of service for which the rate may be used.	System Assigned
END-DT	The latest date of service for which the rate may be used.	System Assigned
OLD-RATE	The rate in effect before the change.	System Assigned
NEW-RATE	The rate in effect after the change.	System Assigned
BUDGET-CODE	The NCAS Company/Account/Center code used to pay the claim detail.	System Assigned
NET-AMT	The difference between the original amount paid using the old rate (from IPRS Claims History file) and the amount that would be paid using the new rate.	System Assigned



## DOCUMENT CHANGE LOG

Draft versions have no approval authority and may contain many iterations before approval authority.

<b>Version</b> (Major changes are new versions)	<b>Approval Date</b> (mm/dd/yy)	<b>Changed By</b> (Person who made the changes for this version)	<b>Approval</b> (Approving Authority (name) – may be “N/A”)	<b>Reason</b> (List major change reasons only)
Draft	xx/xx/xx	Ron Oldham		Initial document